	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS			Use separate schedule(s for each category of the			(check only one)							E 30 / 33		
					Summary Page		21 27		22 28a		3b	24 28c		25 29		
		ed from such Reports rposes, other than usi														
\	NAME OF COMI	MITTEE (In Full) MERICA INC. PAC	,													
	Full Name (Last, NICK JOE II R	First, Middle Initial) AHALL							Date	of Disb	I D : S	nt			_	
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	State: WV	District: 03														
	Full Name (Last, First, Middle Initial) NICK JOE II RAHALL										I D : S urseme		8836			
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	State: WV Full Name (Last, HARRY REID	District: 03 First, Middle Initial)									I D : S		8694			
	Mailing Address PO BOX 19163								1 ^M 0	M /	^D 1 4	/ Y	ž) 1 0	Y	
	City LAS VEGAS		Sta N'		Zip Code 89132				Amou	nt of E	ach Dis	burse	ment t	this P	eric	
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